

IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail:



**APPLICATION FOR
COSMETOLOGY APPRENTICE
GEORGIA STATE BOARD OF COSMETOLOGY
Post Office Box 13446
Macon, Georgia 31208
Phone (478) 207-2440
www.sos.state.ga.us**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology in the State of Georgia.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- ☐ **NON-REFUNDABLE APPLICATION FEE:** \$45 – Cosmetology Apprentice
The payment must be made by check or money order payable to the Georgia State Board of Cosmetology. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C. G.A. § 16-9-20.
- ☐ **NOTARIZED APPLICATION:** The complete application must be mailed to the Board's office at the address listed above, along with your **FEE.**
- ☐ **Current Photo Attached:** A full-face (approximately 2x2) photograph taken within one year before submission of the application.
- ☐ **Copies of current shop license and master license are attached**
- ☐ **Letter from master releasing previous apprentice (if applicable)**
If the master under whom you are training has *previously* trained an apprentice, our records must indicate that they are no longer training that person. If a master has not notified us that he or she is no longer training an apprentice, he or she must notify us in writing. Without this notification, your application will be delayed

INSTRUCTIONS FOR THE COSMETOLOGY APPRENTICE APPLICATION

Please read the instructions carefully and be familiar with the Laws and Rules governing the specific area in which you are seeking licensure.

- Section 1: This section is to be completed by the applicant, signed and notarized.
- Sections 2 & 3: This section is to be completed by the master level trainer licensed in the cosmetology profession who will supervise the apprentice. This section must be signed and notarized. **The signature of the master level trainer must be legible or the application will be returned. The signature of the master level trainer must be signed as it appears on the license. Failure to do so will result in the application being returned and will cause delay in the processing of the apprentice license.**

APPRENTICE REQUIREMENTS:

1. Apprentice training is on-the-job training in a cosmetology salon/shop and under the direct supervision of a licensed master level trainer in the appropriate cosmetology profession with at least 36 months' experience.
2. Each master level cosmetology professional may train only one (1) apprentice at a time.
3. Any person at least 17 years of age may qualify to train as an apprentice.
4. Apprentice hours are accumulated according to the actual number of hours of performance and training. It is the responsibility of the master level trainer to keep an accurate record of the apprentice hours. These hours must be submitted to the board office on January 1st, April 1st, and September 1st. Failure to submit these hours in a timely manner may result in the delay or denial of an examination application.
5. Upon completion of the required hours and months of training, it is the apprentice's responsibility to obtain and submit an application for examination. Beginning **October 1, 2006**, the Master Cosmetologist, Esthetician, Nail Technician and Instructors examinations will be administered **only** by D. L. Roope Administrations, Inc. Future cosmetology examination information inquiries should be informed to contact D. L. Roope at 1-888-375-2020, or D. L. Roope Administrations, Inc., P.O. Box 631, Hampden, ME 04444-0631, Fax (207) 848-5511, or visit www.DLRoope.com; for information about the examinations; fees, dates, locations, exam content and grade notifications.

THE CREDIT FOR TRAINING HOURS BEGINS WHEN THE APPRENTICE LICENSE IS RECEIVED BY THE APPLICANT, NOT WHEN THE APPLICATION IS MAILED TO THE BOARD OFFICE.

APPRENTICE TRAINING:

1. The apprentice will receive a certificate of registration for a period of two (2) years. The certificate may be renewed at the end of such period by filing an application with the Board office and submitting the applicable renewal fee by the expiration date. The renewal fee increases if submitted within six (6) months of the expiration date. See Fee Schedule.
2. Upon the expiration of the last certificate of registration issued, such person shall not be permitted to practice the occupation in any way until he or she obtains his or her master level cosmetology license.

CHANGE OF TRAINING:

Each time the apprentice makes a change in the master level trainer or salon/shop, **A NEW APPLICATION MUST BE FILED WITH THE BOARD OFFICE AND A FEE OF \$45 MUST BE SUBMITTED WITH THE APPLICATION – NO EXCEPTIONS.**

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF COSMETOLOGY
 Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440
www.sos.state.ga.us/plb/barber_cosmet/

APPLICATION FOR COSMETOLOGY APPRENTICE

Application Fee \$45.00 (non-refundable)

License Type: _____ Cosmetology Apprentice
 _____ Esthetician Apprentice
 _____ Nail Technician Apprentice
 _____ Hair Design Apprentice

_____ Initial _____ Renewal _____ Change of Shop or Master

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):

Name as desired on License _____
 First Middle Last

Name as shown on exam records or transcripts
 (if different) _____
 First Middle Last

Social Security Number Date of Birth

Physical Address _____
 Number and Street Apt. No City/State Zip
P.O. Box not acceptable

Mailing Address _____
 (if different) Number and Street Apt. No City/State Zip
(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.)

 Telephone Number Day Telephone Number Evening E - Mail

 Fax Number



GEORGIA STATE BOARD OF COSMETOLOGY
FAX NUMBER: 478-207-1442

COSMETOLOGY APPRENTICE LICENSE APPLICATION

Section I (completed by apprentice) This application will be returned if you do not answer this question.

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere or under the "First Offender Act"?

_____ Yes _____ No This application will be returned if you do not answer this question.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any board or agency in Georgia or any other state?

_____ Yes _____ No This application will be returned if you do not answer this question.

- If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. The apprentice's application will not be processed until this information is received and reviewed by the Board.
- If you answered "yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. The apprentice's application will not be processed until this information is received and reviewed by the Board.

_____ Please check here if you answered yes to the question above and have already submitted the documentation to the Board within the past two years. If you have, it is not necessary to resubmit this information, **but new convictions must be submitted.**

Section II

Name of SALON/SHOP where Apprentice will receive training (ATTACH COPY OF CURRENT LICENSE):

COSMETOLOGY SALON/SHOP NAME

COSMETOLOGY SALON/SHOP PHYSICAL AND MAILING ADDRESS

Salon/Shop License Number _____

Salon/Shop Telephone Number: _____ - _____ - _____

Have you ever previously registered as an apprentice? ____ Yes ____ No ____

If YES, When? _____ What type of apprenticeship? _____

License Number _____ Did you complete the apprenticeship? [] Yes [] No.

Are you currently working under an apprentice license? [] Yes [] No. If YES, give date of license expiration _____.

I UNDERSTAND THAT IN ORDER FOR ME TO QUALIFY FOR THE EXAMINATIONS OFFERED BY THE COSMETOLOGY BOARD, I MUST PROVIDE PROOF OF AT LEAST A 12TH GRADE EDUCATION.

AFFIX PASSPORT SIZE PHOTO

HERE

Signature of Apprentice Applicant

Printed Name of Applicant

Sworn to and Subscribed before me on this _____ day of _____, 20__.

Notary Signature

NOTARY SEAL

My commission expires on ____/____/____

SECTION III. To be completed by the master cosmetologist, esthetician, hair designer, nail technician, supervising the apprentice.

NAME OF TRAINING MASTER COSMETOLOGIST, HAIR DESIGNER, NAIL TECHNICIAN, OR ESTHETICIAN (ATTACH COPY OF CURRENT LICENSE).

LAST

FIRST

MIDDLE

I certify that I hold a master cosmetologist, esthetician, hair designer, nail technician license in the State of Georgia.

License number: _____ Expiration date ____/____/____

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere or under the "First Offender Act," or been sanctioned by another board or agency?

_____ Yes _____ No This application will be returned if you do not answer this question.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any board or agency in Georgia or any other state?

_____ Yes _____ No This application will be returned if you do not answer this question.

- If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. The apprentice's application will not be processed until this information is received and reviewed by the Board.
- If you answered "yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. The apprentice's application will not be processed until this information is received and reviewed by the Board.

_____ Please check here if you answered yes to the question above and have already submitted the documentation to the Board within the past two years. If you have, it is not necessary to resubmit this information, **but new convictions must be submitted.**

I WILL FILE APPRENTICE TRAINING REPORTS WITH THE GEORGIA STATE BOARD OF COSMETOLOGY ON JANUARY 1st, APRIL 1st, AND SEPTEMBER 1st.

Apprentice hours are accumulated according to the actual number of hours of performance and training. It is the responsibility of the master level trainer to see that an accurate record is kept of the apprentice hours. IT IS NOT THE RESPONSIBILITY OF THE APPRENTICE. Failure to submit these hours in a timely manner may result in the delay or the denial of the apprentice's application for examination.

Signature of Master Licensee

Print Name of Licensee

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Signature

My commission expires on ____/____/____.

Notary Seal

GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
TRANSCRIPT OF COSMETOLOGY APPRENTICE TRAINING

It is hereby certified that _____

Lic # _____ Last name _____ First name _____

Salon Name _____ Salon Lic # _____

Master Name _____ Master License # _____

Master
Signature _____

Completed the following hours from: _____ to _____

Courses	Hours Required	Hours Completed
Theory	700	_____
Hair Cutting and Shaping	250	_____
Shampooing, Hairdressing, Styling	660	_____
Hair Coloring and Bleaching	250	_____
Permanent and Scalp Treatments	360	_____
Facials, Make-Up, Arching & Esthetics	250	_____
Charm, Reception, Art & Ethics	100	_____
Manicure and Pedicure	70	_____
Chemical and Relaxing	200	_____
Laboratory	100	_____
Additional Instruction	60	_____
Total Hours	3,000	_____

Print Name of Training Licensee

Signature of Training Licensee

Sworn to and subscribed before me this _____ day of _____, 20____. **Notary Seal**

Notary Signature

My commission expires on ____/____/____.

**APPRENTICE HOURS ARE TO BE REPORTED JANUARY 1, APRIL 1, AND SEPTEMBER 1.
HOURS RECEIVED AFTER THE 15TH OF THE MONTH WILL NO LONGER BE ACCEPTED.**

**GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
TRANSCRIPT OF HAIR DESIGNER APPRENTICE TRAINING**

It is hereby certified that _____

Lic # _____ Last name _____ First name _____

Salon Name _____ Salon Lic # _____

Master Name _____ Master License # _____

Master
Signature _____

Completed the following hours from: _____ to _____

Courses	Hours Required	Hours Completed
Theory	700	_____
Social Skills, Reception or Desk Work, Art and Ethics, State Board Rules, Laws	100	_____
Laboratory	100	_____
Hairdressing/Hairstyling, Shampoo and Comb-out	280	_____
Hair Cutting and Shaping	320	_____
Permanent Waving	430	_____
Chemical Hair Relaxing	270	_____
Hair Coloring and Hair Lightening	350	_____
Scalp and Hair Treatment	100	_____
Total Hours	2650	_____

Print Name of Training Licensee

Signature of Training Licensee

Sworn to and subscribed before me this _____ day of _____, 20____. **Notary Seal**

Notary Signature

My commission expires on ____/____/____.

**APPRENTICE HOURS ARE TO BE REPORTED JANUARY 1, APRIL 1, AND SEPTEMBER 1.
HOURS RECEIVED AFTER THE 15TH OF THE MONTH WILL NO LONGER BE ACCEPTED.**

**GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
TRANSCRIPT OF NAIL CARE APPRENTICE TRAINING**

I hereby certified that _____

Print the first and last name of the apprentice

Salon Name _____ **Salon Lic #** _____

From: _____ **To:** _____ **Apprentice License#** _____

Master Name _____ **Master License #** _____

Completed the Following Number of Hours Listed Below

<u>Courses</u>	<u>Hours Required</u>	<u>Hours Completed</u>
Theory	160	_____
Manicuring	120	_____
Nail Repair	260	_____
Pedicure	60	_____
Arts and Ethics	20	_____
Related Subjects	20	_____
Additional Instruction	410	_____
*TOATAL HOURS	1050	_____

***Effective July 1, 2000, O.C.G.A. § 43-10-9 requires Nail Technician Apprentices to serve in a Beauty Shop or Salon for a period of at least 8 months and complete 1,050 credit hours.**

Print Name of Training Licensee

Signature of Training Licensee

Sworn to and subscribed before me this _____ day of _____, 20____. **Notary Seal**

_____ My commission expires on ____/____/____.

Notary Signature

**APPRENTICE HOURS ARE TO BE REPORTED JANUARY 1, APRIL 1, AND SEPTEMBER 1.
Hours received after the 15th of the month due will no longer be accepted.**

**GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858**

I hereby certified that _____

Print the first and last name of the apprentice

Salon Name _____ **Salon Lic #** _____

From: _____ **To:** _____ **Apprentice License#** _____

Master Name _____ **Master License #** _____

TRANSCRIPT OF ESTHETICIAN APPRENTICE TRAINING
Completed the Following Number of Hours Listed Below

<u>Courses</u>	<u>Hours Required</u>	<u>Hours Completed</u>
Theory	500	_____
Sciences	560	_____
Body Treatment	100	_____
Facials	140	_____
Make-up	100	_____
Hair Removal	100	_____
Additional Instruction	500	_____
*TOTAL HOURS	2000	_____

*Effective July 1, 2000, O.C.G.A. § 43-10-9 requires Esthetician Apprentices to serve in a Beauty Shop or Salon for a period of at least 18 months and complete 2000 credit hours.

Sworn to and subscribed before me

Signature of Master

This ____ day of _____, 20____.

Printed name

Signature of Notary

Master License # _____

My commission expires: _____.

**APPRENTICE HOURS ARE TO BE REPORTED JANUARY 1, APRIL 1, AND SEPTEMBER 1.
HOURS RECEIVED AFTER THE 15TH OF THE MONTH WILL NO LONGER BE ACCEPTED.**